ulcers. There were rooms devoted to ultraviolet and infrared therapy. And, of course, we saw patients with needles in their ankles, wrists and earlobes, perhaps with a ginger root smouldering on the thenar eminence of the right hand.

Everywhere there was total compliance, especially in the patients undergoing acupuncture. Not a muscle moved, not an eyelid blinked, and there was never so much as a furtive glance at this troop of foreign doctors. The attending physician assured us that their treatments were highly successful. We recalled the consensus report of the President's Committee on Acupuncture. The conclusion was "Acupuncture works, in China, on the Chinese."

We progressed down the hall to the pharmacy where we were shown various materials used in the preparation of their "natural remedies." Not only do they use flowers, bark, roots and herbs, but also dried frogs, sea horses, snake skin and shark fin. These are pulverized into potions to be administered for specifically indicated diseases and disorders.

As always, at the end of such hospital tours, there was a friendly question-and-answer interchange over the traditional tea cups. It was here that two truths unfolded.

One physician, after observing patients throughout the hospital puffing away at those fat Chinese cigarettes, asked why this was permitted. The answer through the interpreter was, "The Government *persuades* but does not *prohibit*. Also, the Government owns the tobacco factories."

Truth Number One.

Another question: "We have seen various applications of Chinese medicine this morning. Do you ever use Western medicine?" The answer: "In the occasional acute case where more rapid cure is needed, yes, we will use Western medicine."

Eloquent truth Number Two. Anyhow, in America, on Americans, Western medicine works.

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Corrections: October Article by Bruce, Hossack, Belanger, et al

To THE EDITOR: In our article "A Computer Terminal Program to Evaluate Cardiovascular Functional Limits and Estimate Coronary Event Risks"[1] in the October issue, a manuscript error resulted in incorrect regression equations on page 343.

The corrected equations should be as follows:

$\dot{V}o_2$ max = 0.056 (duration in seconds) + 3.88 for men;

$\dot{V}o_2$ max = 0.056 (duration in seconds) + 1.06 for women.

In other words the decimal point was misplaced for 0.056 and the figure was printed as 0.56. The intercept coefficient 3.99 should have been 3.88 and the sex identity for the two equations was omitted.

A second error, this one apparently a mistake by the journal's printer, was the omission of two words and a heading in Figure 2 on page 344. Under item 14, "Evidence for Heart Disease," it lists "1. Inapparent" and "2. Possible." Two other classifications—"3. Probable" and "4. Definite" —should have been included. The following section should have been headed "15. Cardiovascular Diagnosis."

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REFERENCE

1. Bruce RA, Hossack KF, Belanger L, et al: A computer terminal program to evaluate cardiovascular functional limits and estimate coronary event risks (Health Care Delivery). West J Med 135:342-350, Oct 1981

Further Correction: Formula to Calculate Serum Osmolality

To THE EDITOR: This is just a quick note in between patients to inform you that your magazine "blew it again." I am referring to the correction for the formula to calculate serum osmolality.[1,2] In order to be correct, the number under BUN should have been 2.8 and not 28, thus the formula should read as follows:

$$2 \times Na + \frac{BS}{18} + \frac{BUN}{2.8} = osmolality.$$

Actually many clinicians use 3 instead of 2.8 because it is easier to calculate without the fraction and the result is close enough to be of practical value.

Don't despair. The journal is usually on the mark.

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EDITORS' NOTE: The normal range for serum osmolality, calculated as above, is 285±4.2 mOsm per kg H_2O.

REFERENCES

1. Becker CE: Acute methanol poisoning—'The blind drunk'— Medical Staff Conference, University of California, San Francisco. West J Med 135:122-128, Aug 1981
2. Correction: Formula to calculate serum osmolality (Correspondence). West J Med 135:341, Oct 1981